

 LOWELL POLICE DEPARTMENT INCIDENT REPORT	Case No. _____ Supp No. _____
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r3. Additional Reports <input type="checkbox"/> Arrest Report <input type="checkbox"/> Complaint App	<input type="checkbox"/> Accident <input type="checkbox"/> Housing	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Bias	<input type="checkbox"/> Stolen Bike	<input type="checkbox"/> Juvenile Involved <input type="checkbox"/> Drugs Involved	<input type="checkbox"/> Alcohol Involved <input type="checkbox"/> Gang Involved	<input type="checkbox"/> Prints <input type="checkbox"/> Photos	Adults Juveniles
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r7. Incident: W Cnts _____ Offense Code _____	r10. Reported Date	r11. Time	r12. Day
	r13. Occrd From Date	r14. Time	r15. Day
	r16. Occrd To Date	r17. Time	r18. Day

r20. Reporting Officer 1, I.D.	r21. Reporting Officer 2, I.D.
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r20. Location of Occurrence: W	r24. Sector	r25. Type of Premise
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r21. Reporting Person: A	r22. Phone	r27. How Received	r28. Status
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r23. Reporting Person Address: A	r29. Weather	r30. Weapon / Tools
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INVOLVED PERSONS

n0. Name Type	n1. PCF No.	n2. Last Name / Business / State of...	n3. First Name	n4. Middle Name			
n5. Race	n6. Sex	n7. Age	n8. Date of Birth	n9. Place of Birth - City, State	n10. Soc Sec No.	n11. Operator's License No.	n12. State
n13. Height	n14. Weight	n15. Build	n16. Complexion	n17. Eyes	n18. Hair	n19. Facial Hair	n20. Marital Status

Involvement: **M**

n27. Residence Address 1	n28. Phone
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NARRATIVE

SA

r1. Submitted By Officer, I.D.	r2. Approving Officer's Name, I.D.	Page
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END